10470

MARYLAND — **STATE DEPARTMETT OF HEALTH**

10483 CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELAIR RURAL — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS WALTERS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural, give location) 07X-2

3. NAME OF DECEASED (Type or Print): (First) Louisiana (Middle) — (Last) Alexander
4. DATE OF DEATH: (Month) November (Day) 20 (Year) 19 54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4-14-1950
9. AGE last birthday: 104 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): No Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Friam W Pilsbury Shallcross
14. MOTHER'S MAIDEN NAME: Elizabeth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Margaret Poe North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

352X

Immediate cause (a) Hemiplegia — one day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic gangrene feet — 6 mo.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 19 54, to Nov 20, 19 54, that I last saw the deceased alive on Nov 19, 19 54, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer MD — ADDRESS Belair Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 11-23-54 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. 11/26/54 | REGISTRAR'S SIGNATURE Priscilla Forwood | 24. FUNERAL DIRECTOR AND ADDRESS Joseph R Lear North East Md

md.

MARGIN RESERVED FOR BINDING

I

RECEIVED
NOV 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10471

10459

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE DE GRACE
LENGTH OF STAY (in this place) 4½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) CALLIE (Middle) C (Last) AMREIN
4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3/17/1897
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife
10B. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Ash Co N.C.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: J. Andrew Jones
14. MOTHER'S MAIDEN NAME: Susanne Powers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: J Henry Amrein Forest Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 4 2 X

IMMEDIATE CAUSE (A) Chr Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE (B) DUE TO Chr Hypertensive Cardio-Vascular Disease ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 19 54, to Nov 19, 19 54 that I last saw the deceased alive on Nov 18 ....., 19 54, and that death occurred at 5:00 A.M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill Md DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/22/54
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) Bel Air (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 19-1954
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Charles E Kurtz ADDRESS Jarrettsville

RECEIVED
NOV 22 1954.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10472

10470 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air 32
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14 3V01-4
STREET ADDRESS (If rural give location) 4514 Hampnett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) McCall (Last) Ayres

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 25, 1874

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: J. McCall Ayres, 4514 Hampnett Ave., Baltimore 14, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954, to Nov 6, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 9, 1954 NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park LOCATION (City, town, or county) Howard Co., Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-8-54 REGISTRAR'S SIGNATURE A. M. Hedrick JK

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10485

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Bel Air
LENGTH OF STAY (in this place) 22yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre De Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) BAUER

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: Dec 12, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Bauer

14. MOTHER'S MAIDEN NAME: Ella Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S ADDRESS: Clark Fitzpatrick, Supt Almshouse

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Ch. Cardio-Vascular disease ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ? , 1940, to Nov 9 , 1954 that I last saw the deceased alive on Nov 8th , 1954, and that death occurred at 7:30 P.M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-10-54

NAME OF CEMETERY OR CREMATORY Co. Home

LOCATION (City, town, or county) (State) Bel Air R.D. Md

DATE REC'D BY LOCAL REGISTRAR 11-10-54

REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR ADDRESS Joseph T Foster. Bel Air Md

RECEIVED
NOV 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10474

10486 CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) RURAL - STREET
LENGTH OF STAY (in this place) 88 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL- STREET
STREET ADDRESS (If rural give location) R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANN (Last) BAY

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 23, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM NEEPER

14. MOTHER'S MAIDEN NAME: SALLIE DAVIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HELEN BAY, STREET R.D#2, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease — 6 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Invalid for 1 yr. due to fracture of hip

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1952, to NOV. 18, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 10:20 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles E. Nott M.D. ADDRESS Street, Md. DATE SIGNED 11-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Nov. 21, 1954 — NAME OF CEMETERY OR CREMATORY HIGHLAND — LOCATION (City, town, or county) (State) STREET, MD.

DATE REC'D BY LOCAL REGISTRAR 11-20-54 — REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR JOHN H. HARKINS, DELTA, PA. ADDRESS

RECEIVED
NOV 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10471 (10475)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Neighbor phone Abd. 963 m.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lee (Last) Bellamy
4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/25/54
9. AGE last birthday: — yrs. If under 1 year: Months 9, Days 12. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Bellamy
14. MOTHER'S MAIDEN NAME: Mary Akins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Mother.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TERMINAL BRONCHO-PNEMONIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HEPITITIS
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1954, to Nov. 6, 1954 that I last saw the deceased alive on Nov. 6, 1954, and that death occurred at 10 00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. J. Bennett M.D. Havre de Grace 11-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 8 1954
NAME OF CEMETERY OR CREMATORY: St. James
LOCATION (City, town, or county) (State): Havre de Grace Md

DATE REC'D BY LOCAL REG.: Nov. 8-1954
REGISTRAR'S SIGNATURE: C. E. Lewis M.D.
24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace Md

20/4/19340

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10476

10487 CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen

LENGTH OF STAY (in this place) 6 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Conn. COUNTY unk

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hartford

STREET ADDRESS (If rural give location) 90 Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) Michael (Last) Callahan

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown (Deceased)

14. MOTHER'S MAIDEN NAME: Unknown (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Current

16. SOCIAL SECURITY NO.: unk

17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastro-intestinal hemorrhage — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Duodenal ulcer — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 Nov 54

19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer with hemorrhage

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 1954, to 5 Nov, 1954, that I last saw the deceased alive on 5 Nov, 1954, and that death occurred at 1415 hours, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert B. Klain MD FACP Chief Surgical Service ADDRESS USAH APG Md DATE SIGNED 5 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 11/8/54 — NAME OF CEMETERY OR CREMATORY Long Island National Cemetery — LOCATION (City, town, or county) (State) Farmingdale, New York

DATE REC'D BY LOCAL REGISTRAR Nov. 6-1954 — REGISTRAR'S SIGNATURE Irene K. Perry

24. FUNERAL DIRECTOR John T. Farrell — ADDRESS Aberdeen Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10488 CERTIFICATE OF DEATH

Reg. Dist. No. 10477 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITEFORD
LENGTH OF STAY (in this place): 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITEFORD
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) (Last) CANTLER

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 22, 1881

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN CANTLER

14. MOTHER'S MAIDEN NAME: EMMA REED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 008-07-8378

17. INFORMANT & ADDRESS: PEARL B. CANTLER, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Acute Heart Attack — Interval Between Onset And Death: Instantly

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 3 yr

DUE TO

(c) Hypertension — 33 X yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ — 19b. MAJOR FINDINGS OF OPERATION ✓ — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953 to Nov 15, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 10.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: Harlington Md — DATE SIGNED: 11/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11-19-54 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET — LOCATION (City, town, or county) (State): YORK Co., PA.

DATE REC'D BY LOCAL REGISTRAR: 11-18-64 — REGISTRAR'S SIGNATURE: Priscilla Fouwood

24. FUNERAL DIRECTOR: JOHN H. HARKINS, DELTA, PA. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

10472 2411 N. Charles Street, Baltimore 10478

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE; LENGTH OF STAY (In ___ place); HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rte 2; STREET ADDRESS (If rural, give location) HAVRE DE GRACE

3. NAME OF DECEASED (Type or Print): (First) CHESTER (Middle) (Last) CARPENTER

4. DATE OF DEATH: (Month) (Day) (Year) NOVEmber 24, 1954

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elwood CARPENTER

14. MOTHER'S MAIDEN NAME: MARY NESBITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Fred C. Carpenter 1222 Pulaski St Charles R

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ca of Pancreas;

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Pancreas; Obstructive Jaundice

(c) Senile Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinomatose Cachexia.

19a. DATE OF OPERATION: 11.1.954

19b. MAJOR FINDINGS OF OPERATION: Ca of pancreas; Arterio-sclerosis.

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.28., 1954., to 11.24., 1954., that I last saw the deceased alive on 11.23., 1954., and that death occurred at 6 25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. S. Okutman M.D Harford Mem. Hosp. 11.24.54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 27 1954

NAME OF CEMETERY OR CREMATORY: Hartford Memorial

LOCATION (City, town, or county) (State): Hartford Chester Co. Pa.

DATE REC'D BY LOCAL REG.: NOV. 29, 1954

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS: Ralph M Reed Rising Sun, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10479

10489 CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NORRISVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NORRISVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) AMOS (Middle) HAMMOND (Last) CLARK

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: 12-22-1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): CESSUP, MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: AMOS N. CLARK

14. MOTHER'S MAIDEN NAME: WILLA BOYER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) 1911-1918

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Wanda Black Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease — DUE TO

(c)

Interval Between Onset And Death: (a) Sudden (b) 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Nov. 4, 1954, that I last saw the deceased alive on Oct 20, 1954 and that death occurred at 11.45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Dell MD ADDRESS Street Md DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-7-54 NAME OF CEMETERY OR CREMATORY Bel Air Memorial Park LOCATION (City, town, or county) Bel Air (State) MD

DATE RECD BY LOCAL REGISTRAR 11-5-54 REGISTRAR'S SIGNATURE Priscilla Lonwood

24. FUNERAL DIRECTOR Howard Hess Funeral Dir ADDRESS

VS. A15

RECEIVED
NOV 10 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10480

10490 **CERTIFICATE OF DEATH** Reg. Dist. No. 181...

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; STREET ADDRESS (If rural give location) Bush River

3. NAME OF DECEASED: (First) Harriet (Middle) Moore (Last) Clark

4. DATE OF DEATH. (Month) 11 (Day) 21 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: July 26 - 1865 | 9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Smith | 14. MOTHER'S MAIDEN NAME: Mary Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Chapman A. Clark - Aberdeen Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO (B) Hypostasis (bedridden) — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Old age & Gen'l debility — 5 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-..., 1941, to 11-21-..., 1954, that I last saw the deceased alive on 11-20-..., 1954, and that death occurred at 10:55A M., from the causes and on the date stated above.

SIGNATURE Peter V. Chapman, M.D. M. D. ADDRESS Aberdeen Md. DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/23/54 | NAME OF CEMETERY OR CREMATORY Presentia Cemetery | LOCATION (City, town, or county) (State) Perryman Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23 - 1954 | REGISTRAR'S SIGNATURE Nellie R. Perry | 24. FUNERAL DIRECTOR ADDRESS John G. Yarrow - Aberdeen Md.

10491

10481

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bleamp ✓ — LENGTH OF STAY (in this place) —

HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bel Air R.D. (Box 11) ✓

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Austin (Middle) William (Last) Clawson

4. DATE OF DEATH (Month) November (Day) 20 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 15, 1913	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Home	North Carolina	U.S.A.

13. FATHER'S NAME: Lynum Clawson

14. MOTHER'S MAIDEN NAME: Isabelle Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	218-1-1736	Mrs. Velma Clawson, Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture Skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
✓		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Route 40	Bleamp	Harford	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
11/20/54 3 P.M.	✓	Auto accident auto-auto 4/20

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED Nov. 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 23, 1954	Bel Air Memorial Gardens	Bel Air, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 2, 1954	Mane M Monsdale	Howard K. Mc Comas & Son	Abingdon, Md.,

VS. A15A - 5 - 53

10482

MARYLAND STATE DEPARTMENT OF HEALTH

10473

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Cramer

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 4/4/1889 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Cassell | 14. MOTHER'S MAIDEN NAME: Anna Appler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Lucy Sand - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Hypostatic Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Thrombosis	4 days
	(c)	Diabetes - Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1954, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 6, 1954, and that death occurred at 2 29 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Wm. H. Wadsworth M.D. Havre de Grace Md. Nov. 6 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 9, 1954 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11-8-54 | REGISTRAR'S SIGNATURE: A. M. Hobird | 24. FUNERAL DIRECTOR | ADDRESS: Jonalon Funeral Home 7401 Belair Rd.

10492

10483 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PYLESVILLE
LENGTH OF STAY (in this place): 1 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: HARFORD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: PYLESVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Shirley (Middle) Ann (Last) Davis

4. DATE OF DEATH: (Month) (Day) (Year) November 23 1954

5. SEX: F

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 5, 1954

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months 2 — IF UNDER 24 HRS.: Hours — Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of work life, ~~if retired~~):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARFORD Co., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFRED G. DAVIS

14. MOTHER'S MAIDEN NAME: SUSIE MAY BELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ALFRED G. DAVIS, PYLESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphixia due to inspiration vomitus

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) Cleft palate — Life

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Gerald C Paine. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM~~

DATE SIGNED: 11/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11-22-54 — NAME OF CEMETERY OR CREMATORY: MT. ZION — LOCATION (City, town, or county) (State): DELTA, PA.

DATE REC'D BY LOCAL REG. 11-21-54 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR — ADDRESS: JOHN H. HARKINS, DELTA, PA.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10484

10493 CERTIFICATE OF DEATH Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - STREET
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - STREET
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) RACHEL (Middle) (Last) DIXON
4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Dec. 27, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ash Co., N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES DIXON
14. MOTHER'S MAIDEN NAME: MARY BAUMGARTNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. WILSON GALBREATH, STREET, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. DUE TO — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease DUE TO — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Nov. 15, 1954, that I last saw the deceased alive on Nov. 14, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Duff MD ADDRESS Street Md. DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-18-54 NAME OF CEMETERY OR CREMATORY EMORY LOCATION (City, town, or county) (State) STREET, MD.

DATE REC'D BY LOCAL REGISTRAR 11-16-54 REGISTRAR'S SIGNATURE Priscilla Howard

24. FUNERAL DIRECTOR JOHN H. HARKINS, DELTA, PA. ADDRESS

VS. A15

10494 10485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville Rural
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pylesville R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Joseph're (Middle) S (Last) Duncan
4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 9-23-1875
9. AGE Last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Woodcutting
11. BIRTHPLACE (State or foreign country): York Co Pa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joshua Tracy
14. MOTHER'S MAIDEN NAME: Katherine Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Amos H Duncan Pylesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town, (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Parmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 24 1954
NAME OF CEMETERY OR CREMATORY St Ponks
LOCATION (City, town, or county) (State) Pylesville Md

DATE REC'D BY LOCAL REG. 11-23-54
REGISTRAR'S SIGNATURE Priscilla Foxwood
24. FUNERAL DIRECTOR ADDRESS H Hoskins Fifth Form Dover Pa

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

10474 2411 N. Charles Street, Baltimore 10486

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE; LENGTH OF STAY (in this place) 1½ DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAVRE DE GRACE; STREET ADDRESS (If rural, give location) Box 64 RD # 1

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) ECKENRODE

4. DATE OF DEATH: (Month) (Day) (Year) 11/25/54 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1-27-11

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL + DYE MAKER

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES ECKENRODE

14. MOTHER'S MAIDEN NAME: LOUISE WEITY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mary Eckenrode, Swan Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Insufficiency

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 19 54, to 11-25, 19 54, that I last saw the deceased alive on 11-25, 19 54, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) Contact Physician Dec ADDRESS Havre de Grace DATE SIGNED 11/27/54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 11/29/54; NAME OF CEMETERY OR CREMATORY St. Aloysius; LOCATION (City, town, or county) (State) Lisbon Pa.

DATE REC'D BY LOCAL REG. Nov 29 54; REGISTRAR'S SIGNATURE H. E. Lewis M.D.

24. FUNERAL DIRECTOR Lisbon Funeral Home, ADDRESS Lisbon, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

10475 10487

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR RESERVE FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre-de-Grace — LENGTH OF STAY (in this place): 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
STREET ADDRESS (If rural, give location): R. F. D. 1.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Fred (Last) Fox.

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12/8/1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Allen Fox.

14. MOTHER'S MAIDEN NAME: Catherine Keyburn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ruth Fox R.F.D. 1 Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Myocardial Infarction — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1951, to Nov 17, 1954, that I last saw the deceased alive on 11/17, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 23 1954 | NAME OF CEMETERY OR CREMATORY: Oxford Cem. | LOCATION (City, town, or county): Oxford (State): Pa.

DATE REC'D BY LOCAL REG.: Nov 23-54 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR: J. Earl Tyson | ADDRESS: Rising Sun Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10495

2411 N. Charles Street, Baltimore

10488

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air, R.D.
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air R.D.
STREET ADDRESS (If rural, give location): (Creswell)

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) L (Last) Frith

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 12, 1868

9. AGE last birthday: 96 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward T. Parish

14. MOTHER'S MAIDEN NAME: Elizabeth A. Goresche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: J.G. Parish, Creswell, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1954, to 11-25, 1954, that I last saw the deceased alive on 11-24, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred O Hodson MD
ADDRESS: Edgewood Md
DATE SIGNED: 11-26-54

23. BURIAL, CREMATION REMOVAL (Specify):
DATE THEREOF: Nov 27, 1954
NAME OF CEMETERY OR CREMATORY: Arthur J. Connelly F.H.
LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: Nov 27 1954
REGISTRAR'S SIGNATURE: Maude M. Mouldsdale
24. FUNERAL DIRECTOR / ADDRESS: Howard K. McLemore Abingdon Md

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10489

10496 CERTIFICATE OF DEATH

Reg. Dist. No. 17C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
STREET ADDRESS (If rural give location) U.S. Army Hospital

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) R. (Last) GERHES

4. DATE OF DEATH: (Month) NOV (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 27, 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11 BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 160-10-7731

17. INFORMANT & ADDRESS: Civ. Pers. Section Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 15 mins.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** None — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov., 1954, to 5 Nov., 1954, that I last saw the deceased alive on 5 Nov., 1954, and that death occurred at 11:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Breslin MD. — ADDRESS US army Hosp, Aberdeen Prov. Ground Md. — DATE SIGNED 5 Nov. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 11/5/54 — NAME OF CEMETERY OR CREMATORY Fremont Lutheran cemetery — LOCATION (City, town, or county) (State) Fremont Penna.

DATE REC'D BY LOCAL REGISTRAR Nov. 5 1954 — REGISTRAR'S SIGNATURE Mattie K. Terry

24. FUNERAL DIRECTOR John F. Loring — ADDRESS Aberdeen Md.

10497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10490

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila. Rd. & Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location) Old Phila. Rd. & Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ellen (Last) Gladden

4. DATE OF DEATH (Month) (Day) (Year): November 3, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: December 8, 1881

9. AGE last birthday: 72 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore County Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Andrew Green

14. MOTHER'S MAIDEN NAME: Barbara Ellen Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-4089

17. INFORMANT AND ADDRESS: Mr. E.P. McCoy Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis with Myocardial Infarction — Interval between onset and death: 4 1/4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardiovascular Disease — 5 Yrs.
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1952, to Nov. 3, 1954, that I last saw the deceased alive on Nov. 3, 1954, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork, Md. 11/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 6, 1954

NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery

LOCATION (City, town, or county) (State): Baltimore Maryland.

DATE REC'D BY LOCAL REG.: 11-5-54

REGISTRAR'S SIGNATURE: D.W. Hulse Deputy

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc.

ADDRESS: Baltimore Maryland. George Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10491

10476 CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Haure de Grace
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Haure de Grace, md
STREET ADDRESS (If rural give location) 129 Wilson Street.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Nml.) (Last) Grubb Sr.

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/3/1861

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months 8 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bridge Worker

10b. KIND OF BUSINESS OR INDUSTRY: Edgemeer Bridge Co

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Louis Grubb

14. MOTHER'S MAIDEN NAME: Frances Wyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 222-09-3820

17. INFORMANT & ADDRESS: Harry Grubb 129 Wilson St. Haure de Grace.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE John Wellert (Degree or title) M.D ADDRESS Haure de Grace Md DATE SIGNED Nov 24 1954

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial — DATE THEREOF 11/26/1954 — NAME OF CEMETERY OR CREMATORY Silverbrook — LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR Nov. 24 - 1954 — REGISTRAR'S SIGNATURE A. L. Lewis M.D

24. FUNERAL DIRECTOR Cunningham & Son, Haure de Grace, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10492

10477 CERTIFICATE OF DEATH

Reg. Dist. No. 18-5

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Hammer

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1872

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Henry Hammer Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Hypostatic pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Cerebrovascular accident

(c)

Interval Between Onset And Death: 4 days 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 . . , to . . , 19 , that I last saw the deceased alive on ..., 19 . , and that death occurred at 2.00 A.M. , from the causes and on the date stated above.

SIGNATURE Neil Taylor MD (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 11/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 19 1954

NAME OF CEMETERY OR CREMATORY Elkton Cemetery

LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 17-1954

REGISTRAR'S SIGNATURE H. L. Lewis M.D.

24. FUNERAL DIRECTOR J. E. Tyson

ADDRESS Rising Sun Md.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV

MARYLAND STATE DEPARTMENT OF HEALTH

10478 10493

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 1 Monroe Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) W. (Last) HARRIS
4. DATE OF DEATH (Month) (Day) (Year): Nov 30 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/15/74
9. AGE last birthday: yrs. — If under 1 year: Months 5 Days 15 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Melvin Harris
14. MOTHER'S MAIDEN NAME: Ella Goodley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Ezra J. Harris 4 Monroe St. Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infectious Gastroenteritis & Bacteremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1954, to 11/30, 1954, that I last saw the deceased alive on 11/30, 1954, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George T. Stansbury, M.D. Havre de Grace Maryland 11/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 12-4-54 — NAME OF CEMETERY OR CREMATORY: Little Mount Cemetery — LOCATION (City, town, or county): Respertanta, — (State) Va.

DATE REC'D BY LOCAL REG.: DEC. 2, 1954 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Otis J. Bullock — ADDRESS: Havre de Grace Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10479 — 2411 N. Charles Street, Baltimore — 10494

CERTIFICATE OF DEATH

Reg. Dist. No. 18-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 856 CONGRESS AVE.

3. NAME OF DECEASED (Type or Print): (First) Elbert (Middle) C (Last) KELLY

4. DATE OF DEATH: (Month) NOVEMBER (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-27-84

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Mutual Club Routes

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH KELLY

14. MOTHER'S MAIDEN NAME: CLARA BIRELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-01-4653

17. INFORMANT AND ADDRESS: Louise E. Kelly - 556 Congress Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1953, to Nov 8, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: C. L. Lewis MD (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/10/54 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace Md

DATE REC'D BY LOCAL REG.: Nov. 11-1954 — REGISTRAR'S SIGNATURE: J. L. Lewis M.D.

24. FUNERAL DIRECTOR: Thomas Lee Sapp — ADDRESS: Havre de Grace Md

10495

MARYLAND STATE DEPARTMENT OF HEALTH

10490

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

185

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 206 E Bel Air Ave.

3. NAME OF DECEASED (Type or Print) (First) Meredith (Middle) Lee (Last) KELLY

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 20, 1954

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 11-20-54 | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 24 hrs. Hours 6 Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY Infant | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CLARENCE KELLY

14. MOTHER'S MAIDEN NAME DARIEL FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. — —

17. INFORMANT AND ADDRESS Clarence R. Kelly - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature - Separation of placenta

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1954, to 11-26, 1954, that I last saw the deceased alive on 11-20, 1954, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE C. Lee Powell M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 11-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/22/54. | NAME OF CEMETERY OR CREMATORY Mt. Erin Cemetery | LOCATION (City, town, or county) Havre de Grace | (State) Md.

DATE REC'D BY LOCAL REG. Nov. 22-54 | REGISTRAR'S SIGNATURE Hubert R. Jones A. Lee Smith M.D.

24. FUNERAL DIRECTOR John E. Ferring ADDRESS Aberdeen Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10496

10498 CERTIFICATE OF DEATH Reg. Dist. No. 181

1. PLACE OF DEATH: Harford COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 USAH

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Maryland
STREET ADDRESS (If rural give location) Apt C62 Baldwin Manor

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Karin (Last) Kolp
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1 Nov. 54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard R. Kolp
14. MOTHER'S MAIDEN NAME: Carolyn Ann Lucas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Richard R. Kolp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 20 min.

Immediate cause (a) Cardiac arrest
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Obstruction from Congenital Hypertrophic Pyloric Stenosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 24 Nov 54
19b. MAJOR FINDINGS OF OPERATION Hypertrophic Pyloric Stenosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Nov, 1954, to 24 Nov, 1954, that I last saw the deceased alive on 24 Nov., 1954, and that death occurred at 4:35 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry Pizani, Lt Colonel USAH, APG, MD. 24 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Memorial. DATE THEREOF 11/25/54 NAME OF CEMETERY OR CREMATORY Cleveland cemetery LOCATION (City, town, or county) (State) Cleveland Ohio
DATE REC'D BY LOCAL REGISTRAR Nov. 25-54 REGISTRAR'S SIGNATURE Nellie R. Berry
24. FUNERAL DIRECTOR John T. Farring ADDRESS aberdeen md.

X42214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10499 10497

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location) Creswell

3. NAME OF DECEASED: (Type or Print) (First) Terry (Middle) L. (Last) McVey

4. DATE OF DEATH (Month) November (Day) 16 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Sept. 28, 1954	18				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Havre de Grace, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herbert C. Mc Vey	Vivian P. Sexton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Herbert C. Mc Vey, Creswell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Bel Air Harford Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
11/16/54 3P M.		Brother tipped his crib over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lowell C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1954	Cokesbury Memorial	Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 19 1954	Mae M Mouldale	Howard K. Mc Comas & Son	Abingdon Md.

#426555

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH 10498

10500 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakeside

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location) Lakeside

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) Mehr
4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Apr. 3, 1880 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: At home | 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kunkel | 14. MOTHER'S MAIDEN NAME: Hedwig Weimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. – | 17. INFORMANT AND ADDRESS: Mrs. Marie Forney, Joppa, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension — years?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1954 to 11-7, 1954 that I last saw the deceased alive on 11-6, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Ned O Hodous | (Degree or title) M.D. | ADDRESS Edgewood Md | DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/11/54 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11-9-54 | REGISTRAR'S SIGNATURE A. M. Heidel | 24. FUNERAL DIRECTOR: Wm. Cook Sr. | ADDRESS 1217 E. Baltimore St.

JK

10499

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10501

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Rural
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) MORGAN

4. DATE OF DEATH: (Month) NOV. (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: — — 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 Hrs.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Clark Fitzpatrick Supt. County Home

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 Da

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Ch. Cardio-Vascular Disease ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2nd, 1954, to Nov 8, 1954 that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 2:05 P. M. from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. M. D. ADDRESS Forest Hill Md DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-9-54 — NAME OF CEMETERY OR CREMATORY Co Home — LOCATION (City, town, or county) Bel Air RD Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-8-54 — REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR Jos. T. Fitz. — ADDRESS Bel Air Md

RECEIVED
NOV 10 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10481 10500

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural, give location) 220 No. Washington St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Emanuel		Newmeyer	Nov.	2d	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12-31-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Owner		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Newmeyer	Hannah Blanchthal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Unk	Mrs. Anne H. Newmeyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Gallbladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 19....., to ....., 19....., that I last saw the deceased alive on ..... , 19....., and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles Hoffman (Degree or title) ADDRESS 20 Mercer DATE SIGNED Nov. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/22/1954	Shalom Memorial Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21-1954	L. D. Lewis, M.D.	Pennington & Son	Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10501

10502 CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural give location) 1415 Riverview Ave

3. NAME OF DECEASED: (Type or Print) (First) DEBORAH (Middle) JEANNE (Last) BAKER

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 21, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Baker

14. MOTHER'S MAIDEN NAME: Rosa Lee Hoke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs A.A. Baker (Mother) 1415 Riverview Ave, Wilmington, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Comminuted fracture of DUE TO — Interval Between Onset And Death: 20 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Run Runaway Car DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Perforated peptic ulcer — 3–4 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov, 1954, to 1 Nov, 1954, that I last saw the deceased alive on 1 Nov, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Adkins 1Lt MC 2151-1 USAH ABERDEEN M.D. 1 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Nov 3rd 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wilmington Delaware.

DATE REC'D BY LOCAL REGISTRAR 3-1954
REGISTRAR'S SIGNATURE Nettie K. Levy

24. FUNERAL DIRECTOR ADDRESS John F. Farring Aberdeen Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10502

10503

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RURAL) FOREST HILL; LENGTH OF STAY (in this place) 3 MOS; HOSPITAL OR INSTITUTION OR STREET ADDRESS NEAR BUSH'S CORNER

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RURAL) FOREST HILL; STREET ADDRESS (If rural give location) RAY OSBORNE FARM, NEAR BUSH'S CORNER

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) WILLIAM EDGAR (Last) RATCLIFF

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 14 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single

8. DATE OF BIRTH: NOV 14, 1954

9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR: Months —— Days —— IF UNDER 24 HRS.: Hours 2 Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CARL WILLIAM RATCLIFF

14. MOTHER'S MAIDEN NAME: MILORED LORETTA BOTTOMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ANNOXIA

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PREMATURITY

DUE TO

(c) ABORTION

Interval Between Onset And Death: 2 HRS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 14, 1954, to Nov. 14, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Heussner M.D. ADDRESS 307 Hickory Belair Md DATE SIGNED Nov 14 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/15/54; NAME OF CEMETERY OR CREMATORY County Home; LOCATION (City, town, or county) (State) R.F.D. 3 Bellair, Md.

DATE REC'D BY LOCAL REGISTRAR 11-16-54; REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR D. Keith Thomas ADDRESS Bel Air Md

NOV 17

10504

10503 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon

LENGTH OF STAY (in this place) 14 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Abingdon

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) (Last) (illegible)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 2, 1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinst	Shoe Factory	Czechoslovakia	U.S.A.

13. FATHER'S NAME: Stefan Remias

14. MOTHER'S MAIDEN NAME: Anna Michalec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	061-05-3303	John S. Remias, Abingdon, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wound of abdomen — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Abingdon (County) Harford (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 27 54 1:35 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot self

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE (illegible) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Bl	Nov. 30, 1954	Soketbury Memorial	Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 30, 1954	Mame M Mouldak	Howard [illegible] & Sons	Abingdon Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10504

10482 CERTIFICATE OF DEATH Reg. Dist. No. 185

1. PLACE OF DEATH: Harford COUNTY Maryland STATE
CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) MARYLAND 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Harford COUNTY Maryland STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 671 Bourton

3. NAME OF DECEASED: (Type or Print) First William (Middle) Cairns (Last) Ward
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 54 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 4-1882	72 yrs.	5	14		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, if retired: Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Hahn Chem. Co.
11. BIRTHPLACE (State or foreign country): Coatesville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Ward
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Maud Gallion Ward 671 Bourton Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Pulmonary Oedema	1 day.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Myocardial Infarction	2 days.
	(c) DUE TO Coronary Occlusion	2 months.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1942, to November, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 10.30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Wolbert MD Havre de Grace Md Nov 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/54	Woodlawn Chapel	Near Havre de Grace Md.

DATE REC'D BY LOCAL REGISTRAR Nov 20-1954 REGISTRAR'S SIGNATURE A. L. Lewis M. D. 24. FUNERAL DIRECTOR Cunningham ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10505

10483 CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 S. Union Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 324 S. Union Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Lester (Last) Williams

4. DATE OF DEATH: (Month) Nov. (Day) 17th (Year) 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Oct. 15th 1898
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Insurance Salesman.
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Williams
14. MOTHER'S MAIDEN NAME: Lorraine Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ADDRESS: Margaret Pyle Williams 324 S. Union Ave. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X
IMMEDIATE CAUSE (A) Carcinoma Rectum Sigmoid
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hepatic Carcinomatosis DUE TO
(C) Cachexia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION Adeno Carcinoma Sigmoid Resection
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/ /, 1954 to 11/17, 1954, that I last saw the deceased alive on 11/17, 1954, and that death occurred at 3:16 M, from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS 100 E. Bay ave. Havre de Grace Md. DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/19/54
NAME OF CEMETERY OR CREMATORY State Ridge Cemetery
LOCATION (City, town, or county) (State) Delta, York Co. Penna.

DATE REC'D BY LOCAL REGISTRAR Nov. 18-1954
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR John E. Farring ADDRESS aberdeen md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 22 1954
BUREAU V. S.